DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Facility Information

Facility Name: LIVING LIGHTHOUSE BAYSHORE MANOR (THE) (0010662)

Address: 1219 BAYSHORE DR, OSHKOSH, WI 54901

License Status: REGULAR

Licensed/Certified/Registered 08/01/2004

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey	History
Suivey	IIISCOI y

Survey ID: 0097037 End Date: 05/16/2006 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094107 End Date: 02/11/2005 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007088 Served 04/08/2005

Compliance

Deficiencies CitedSubject AreaVerifiedCorrected50.065(6)(b)CREDENTIALED CAREGIVERS06/09/2005Yes

Survey ID: 0093084 End Date: 08/03/2004 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 04/01/2005

SOD #10007088

Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

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Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History

Date Complaint Received: 04/11/2006 Date Investigation Completed: 05/16/2006

Subject Area(s) Result SOD #

RESIDENT RIGHTS
NUT SUBSTANTIATED
NUTRITION & FOOD SERVICES
MEDICATIONS
NOT SUBSTANTIATED
ADMINISTRATION
STAFF ADEQUACY
PROGRAM SERVICES
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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